

<b>CLAIMS ONLY</b>							Application Number <b>10/645773</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2										
Total Depend	10										
Total Claims	12										
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10/645773

Filing Date

Applicant(s)	
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Total Indep	2					
Total Depend	10					
Total Claims	12					

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